

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, May 24, 2019 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH and Heather M. Prendergast, MD, MS, MPH (3)

Board Chair M. Hill Hammock (ex-officio) and Directors Hon. Dennis Deer, LCPC, CCFC and Mike Koetting

Patrick T. Driscoll, Jr., Karen Kim, MD and Patricia Merryweather and (Non-Director Members)

Telephonically

Present: Director Layla P. Suleiman Gonzalez, PhD, JD (1)

Absent: None (0)

Director Driscoll, seconded by Director Prendergast, moved to allow Director Suleiman Gonzalez to participate in the meeting as a voting member telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Leon Fogelfeld, MD – Chair, Division of
Endocrinology
Trevor Lewis, MD – John H. Stroger, Jr. Hospital
of Cook County
Jeff McCutchan – General Counsel

Beena Peters, DNP, RN, FACHE – Chief Nursing
Officer
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer
Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

There were no regulatory and accreditation updates provided.

III. Report from Chief Quality Officer (continued)

B. Metrics (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

C. Diabetes Care Update (Attachment #2)

Dr. Leon Fogelfeld, Chair of the Division of Endocrinology, provided an overview of the Diabetes Care Update. The Committee reviewed and discussed the information.

Director Koetting referenced the Cook County Health Research and Innovation Summit on Housing that was recently held; he suggested that diabetes care be considered as a topic for a future summit.

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #3)

Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the following proposed Stroger Hospital Division Chair initial appointments:

Name	Department/Appt Term	Title
Wilberto Nieves-Neira, MD	Obstetrics and Gynecology 05/25/2019 – 05/24/2021	Division Chair of Gynecologic Oncology
Andrew De Funiak, MD	Correctional Health 05/25/2019 – 11/17/2019	Division Chair of Correctional Health (Clinical Operations)
Tarlan Hedayati, MD	Emergency Medicine 05/25/2019 – 11/24/2020	Chair of the Division of Emergency Medicine Education

Director Driscoll, seconded by Director Prendergast, moved to approve the three (3) proposed Stroger Hospital Division Chair initial appointments. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #4)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, provided his report. He stated that, at the recent EMS meeting, they received presentations from the Hospital Quality Improvement and Patient Safety (HQIPS) and Ethics Committees. EMS has re-formulated its Bylaws Committee and will be looking at the rules and regulations. He noted that the Joint Conference Committee is expected to meet in June; he and Chair Gugenheim will be co-chairing that Committee.

Director Driscoll, seconded by Director Prendergast, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County, as amended. THE MOTION CARRIED UNANIMOUSLY.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, was unable to attend the meeting. The Committee considered the proposed Provident Hospital medical staff actions presented for their consideration.

Director Driscoll, seconded by Director Prendergast, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, April 18, 2019

Director Prendergast, seconded by Director Koetting, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of April 18, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Claims, Litigation and Quality and Patient Safety Matters**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**
- D. Quality and Patient Safety Report**

V. Closed Meeting Items (continued)

Director Driscoll, seconded by Director Prendergast, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Gugenheim and Directors Driscoll, Prendergast and Suleiman Gonzalez (4)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY and the Committee recessed into a closed meeting.

Chair Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

VI. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

There were no requests for follow-up made at the meeting.

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
May 24, 2019

ATTACHMENT #1

QPS Quality Dashboard



May 24, 2019



COOK COUNTY
HEALTH

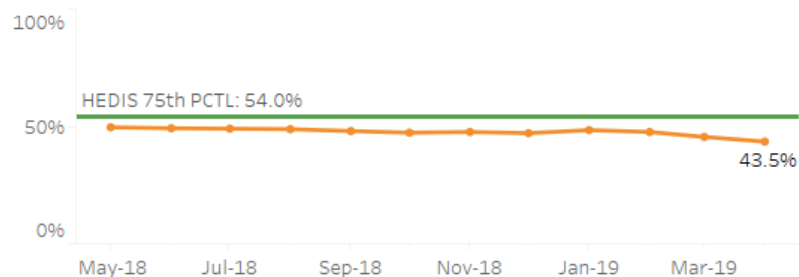


COOK COUNTY HEALTH

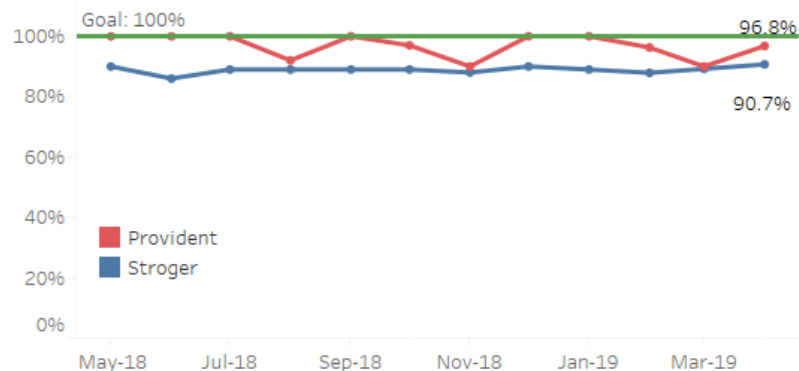
Quality
Dashboard
May 24, 2019

Health Outcomes

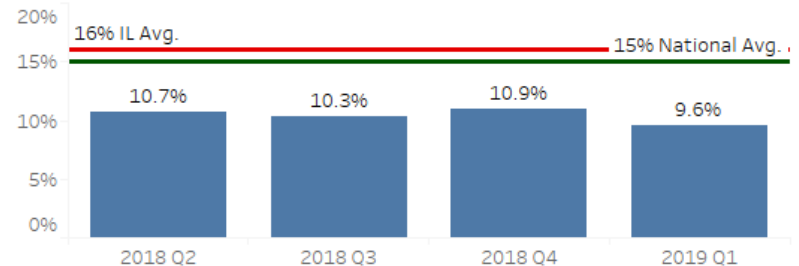
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

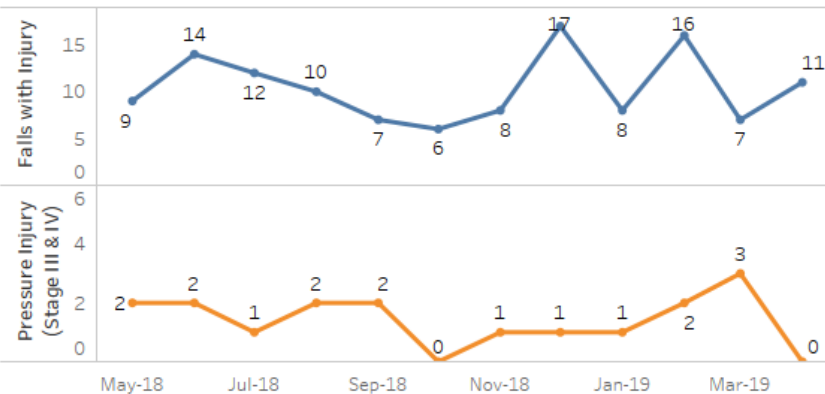


30 Day Readmission Rate

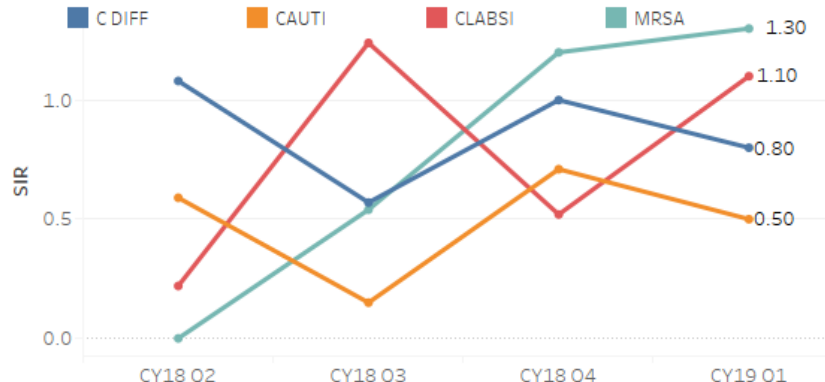


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

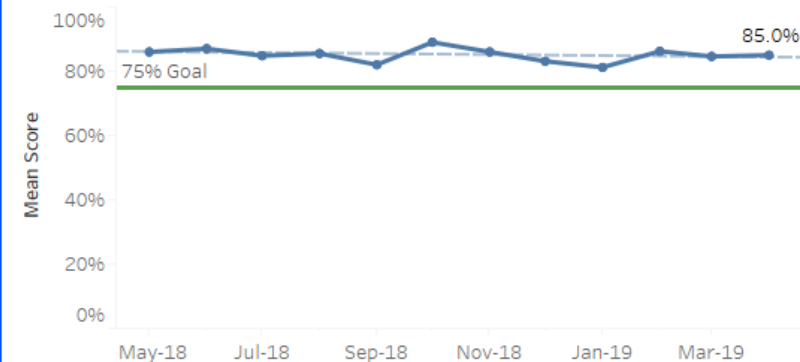


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

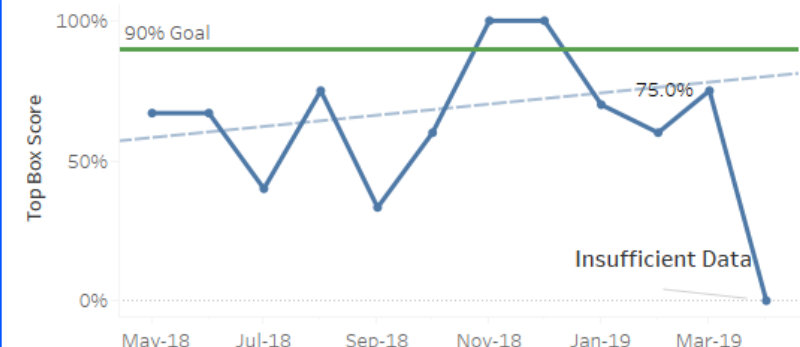
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
C DIFF	6	11	4	5	4	2	10	4	4	6	2	6
CAUTI	1	2	1	0	1	0	0	1	3	1	1	1
CLABSI	0	1	0	2	3	0	0	0	2	1	0	4
MRSA	0	0	0	0	0	0	0	1	0	1	0	1

Utilization

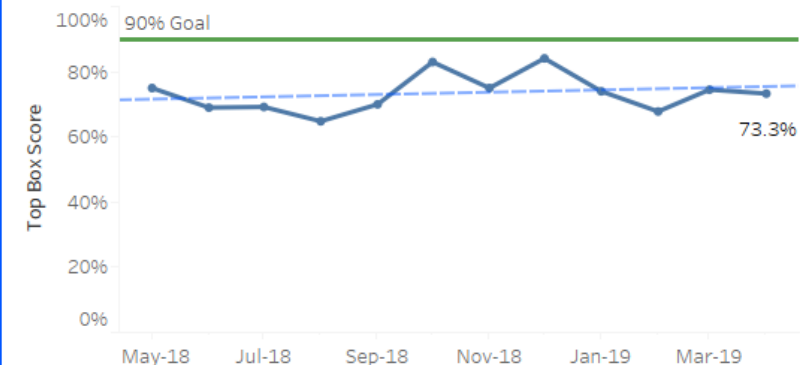
ACHN--Overall Clinic Assessment



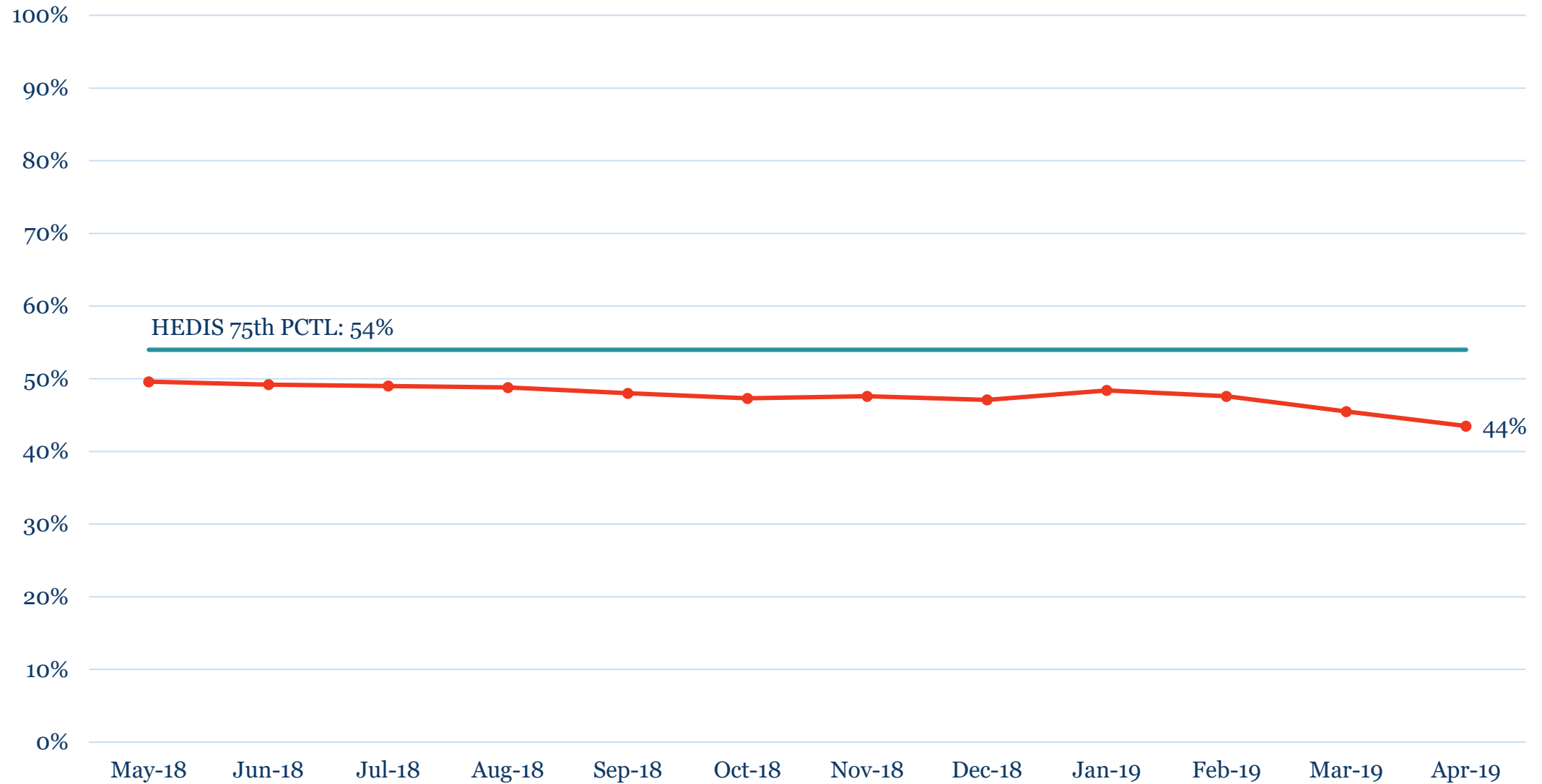
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

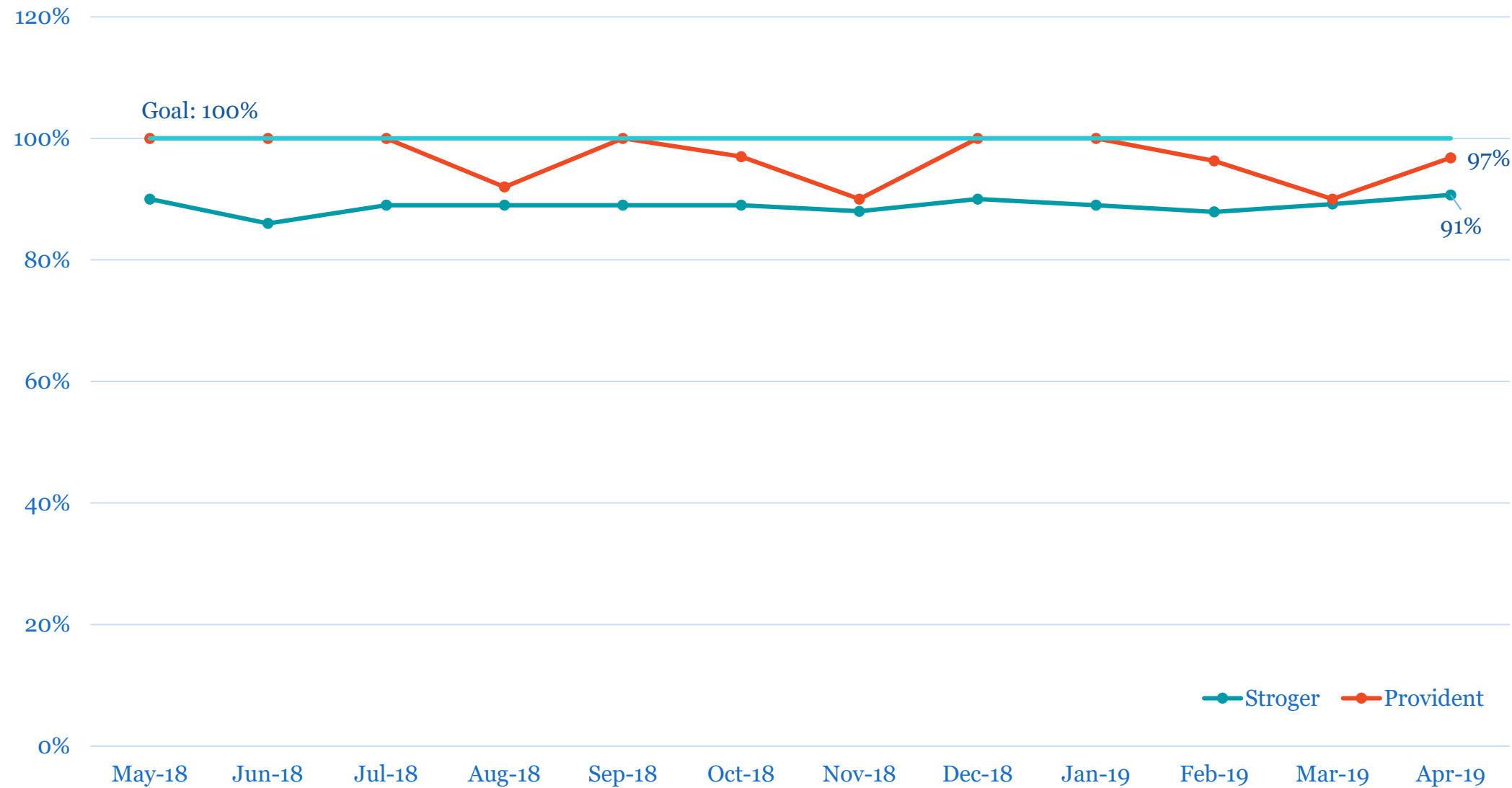


HEDIS – Diabetes Management: HbA1c < 8%



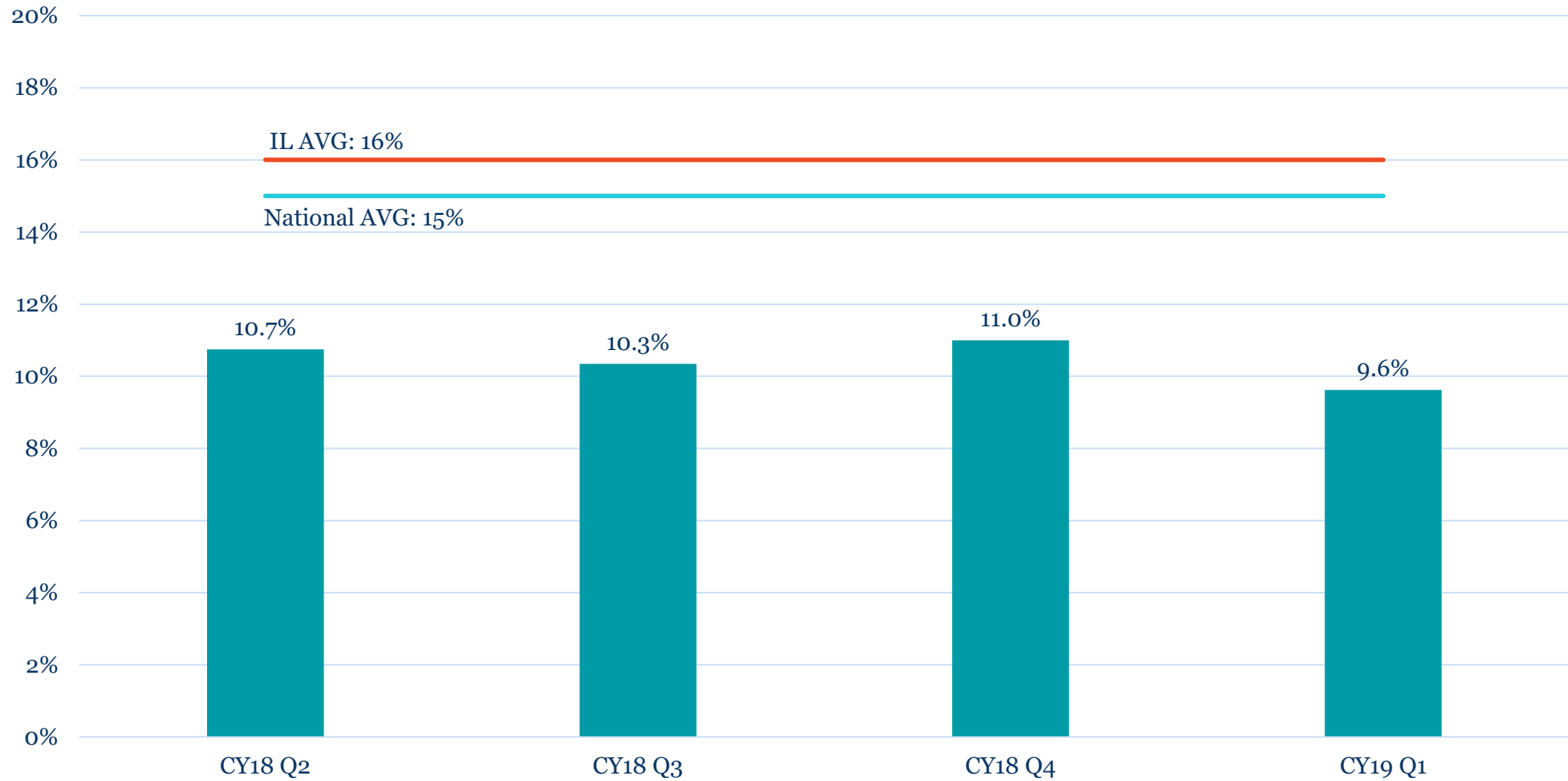
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



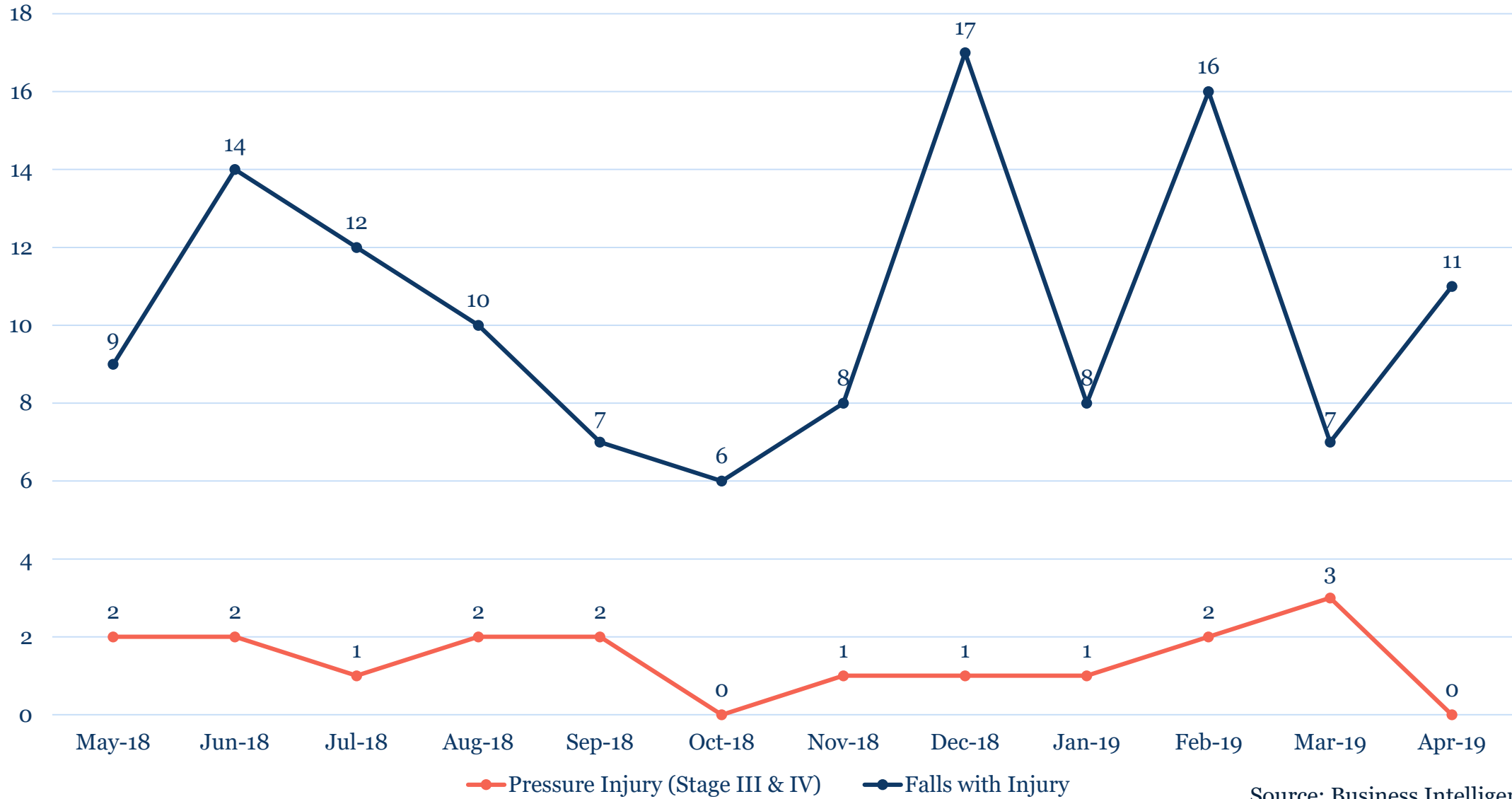
Source: Quality Dept.

30 Day Readmission Rate



Source: Business Intelligence

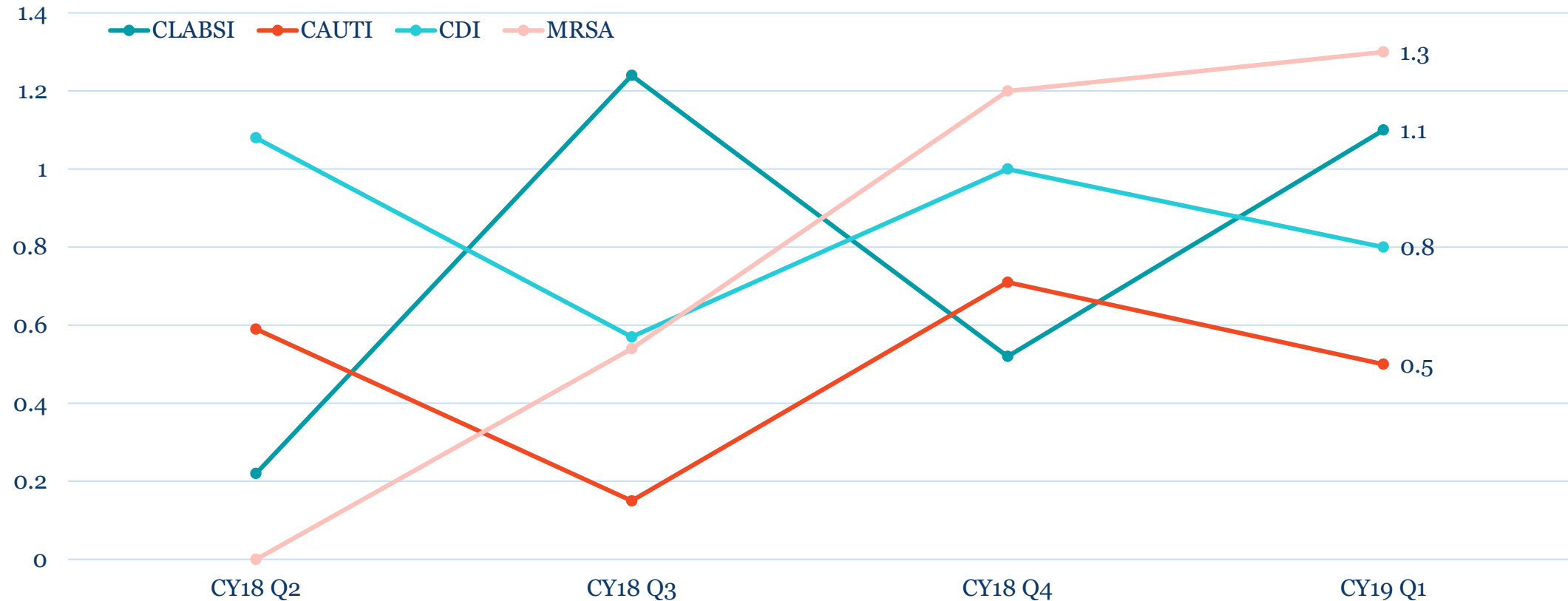
Hospital Acquired Conditions



Source: Business Intelligence



Hospital Acquired Infections



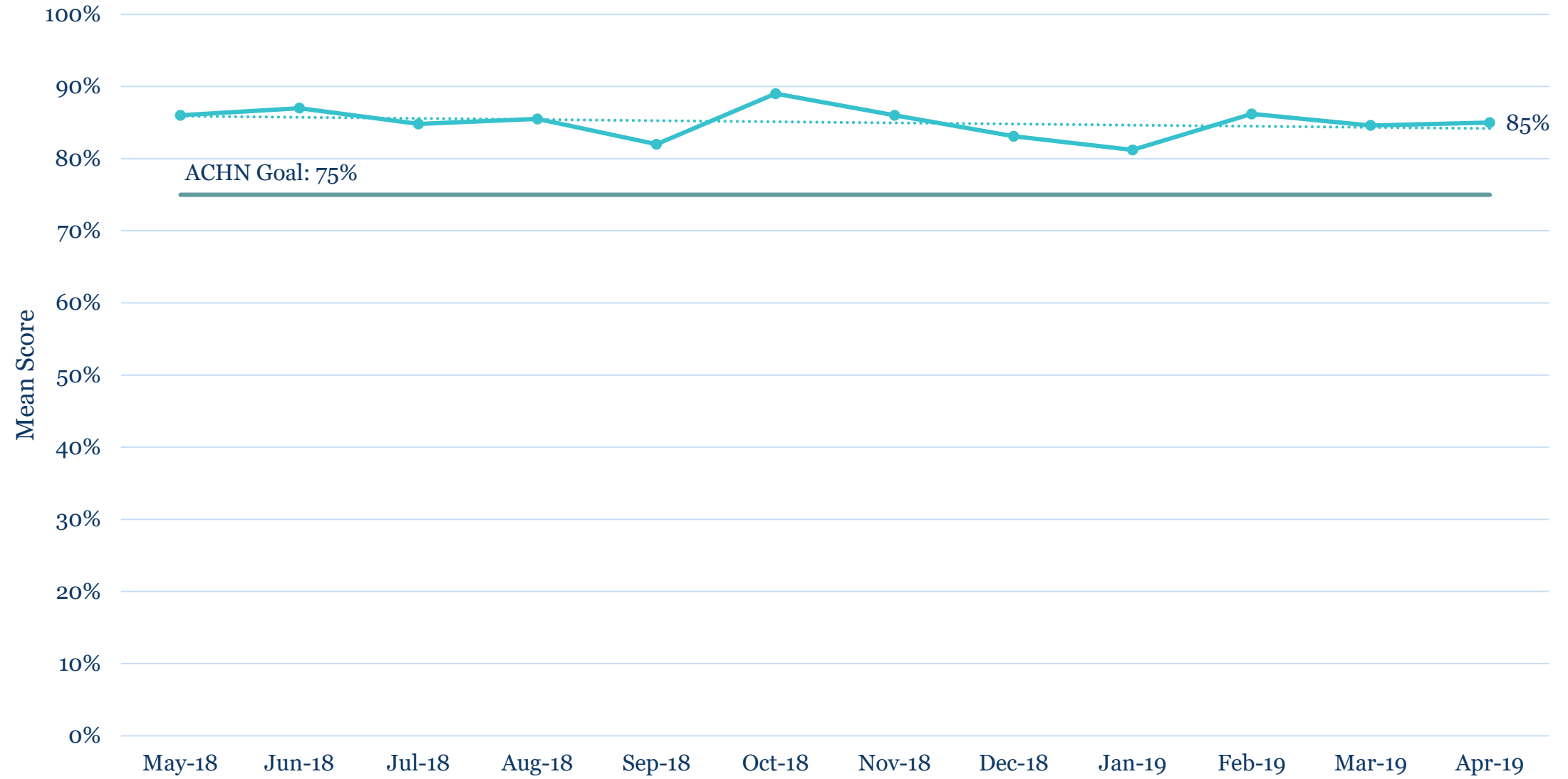
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CLABSI	0	1	0	2	3	0	0	0	2	1	0	4
CAUTI	1	2	1	0	1	0	0	1	3	1	1	1
CDI	6	11	4	5	4	2	10	4	4	6	2	6
MRSA	0	0	0	0	1	0	0	1	0	1	0	1

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

Source: Infection Control Dept.

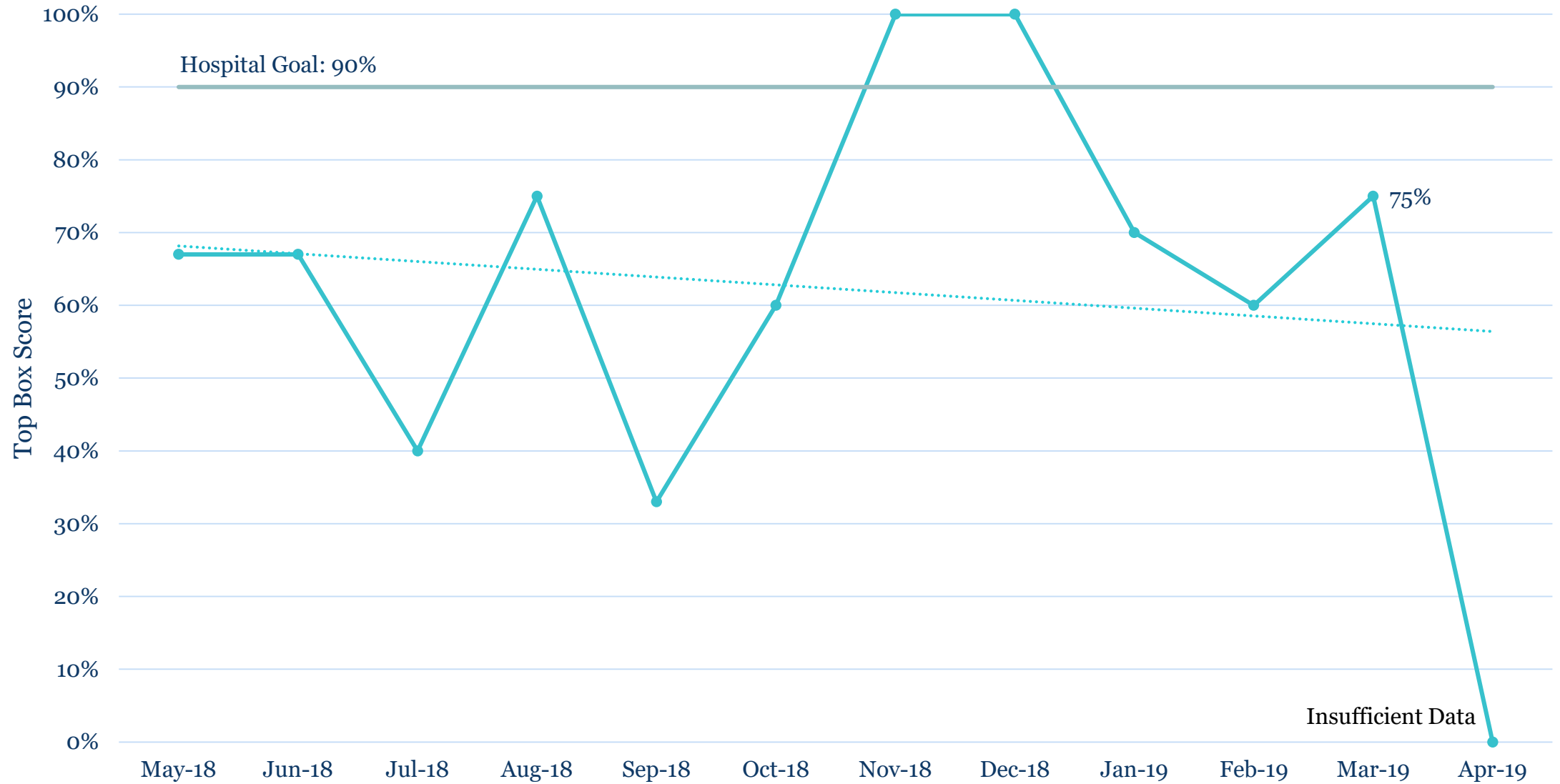


ACHN – Overall Clinic Assessment



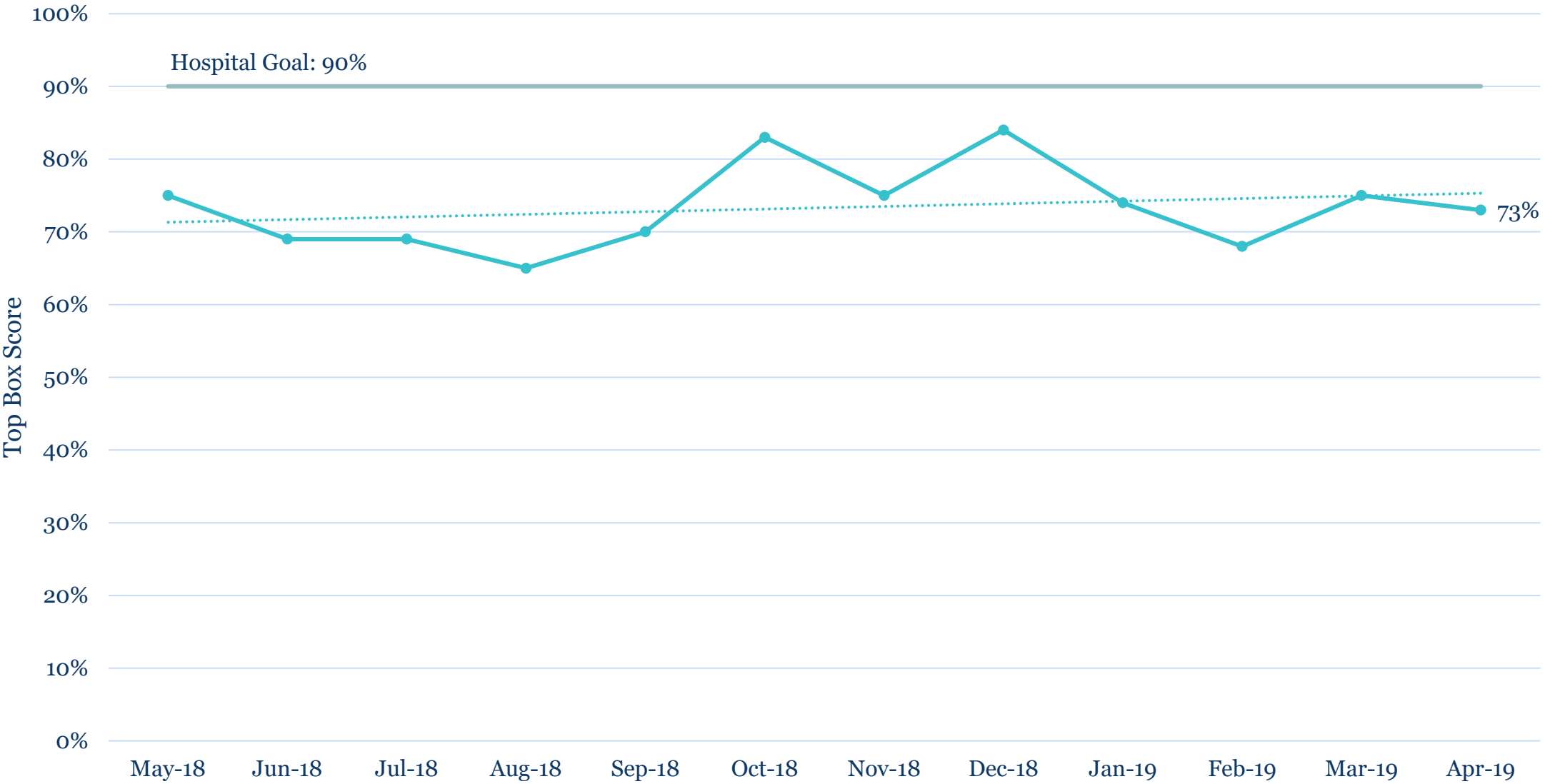
Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Source: Press Ganey

Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Cook County Health and Hospitals System
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ATTACHMENT #2

Diabetes Care Update

Leon Fogelfeld, MD – Chair, Division of Endocrinology



May 24, 2019

18 of 54



COOK COUNTY
HEALTH

Diabetes in CCH in 2019:

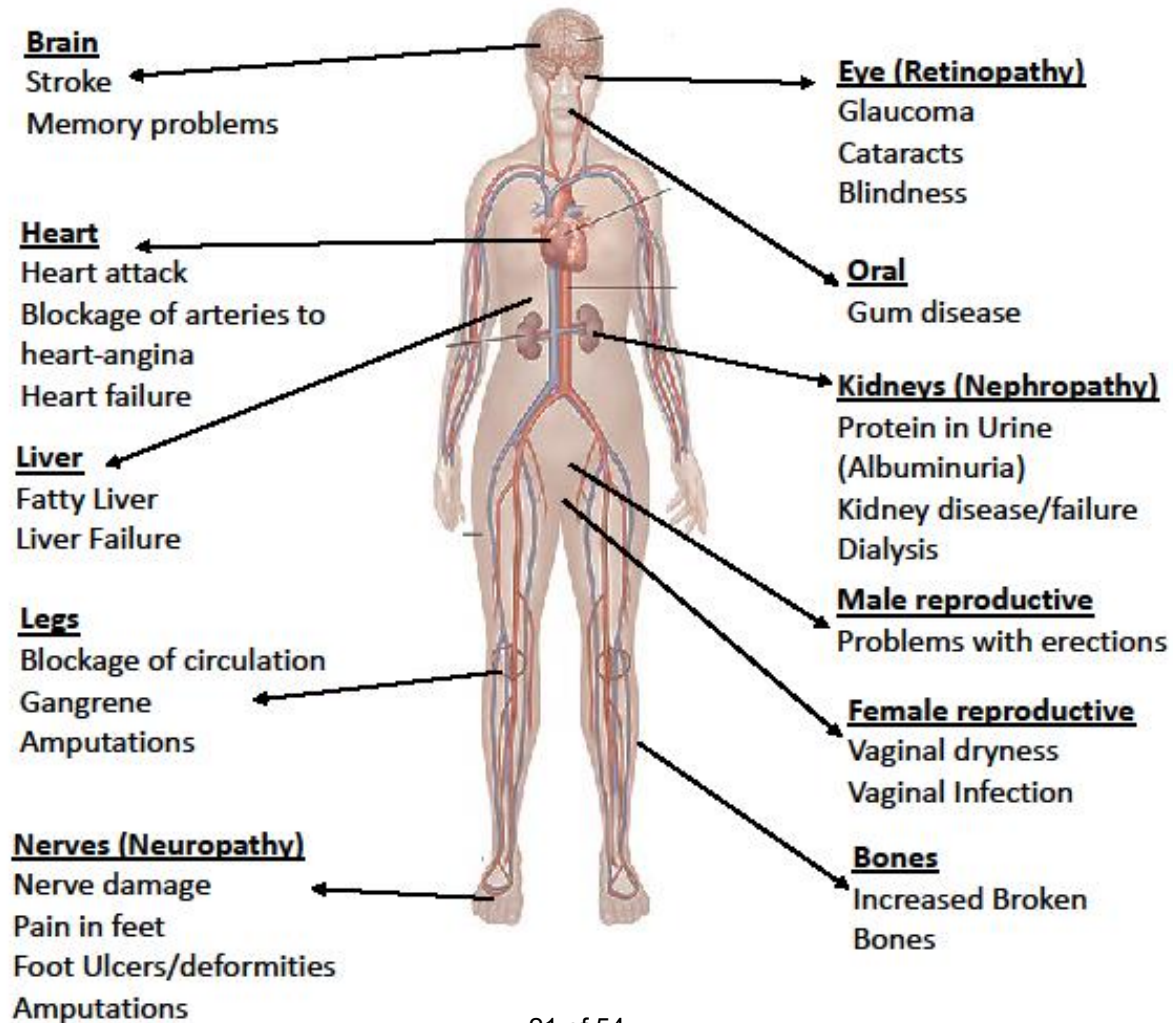
- Few words about diabetes in general
- Diabetes in CCH
- Special programs in diabetes
- Diabetes measures in CCH vs the world

Understanding Diabetes

- **This means there is too much sugar in your blood. You may not have enough of a hormone called insulin.**
- **If you have Type 1 diabetes your body can no longer make insulin.**
- **If you have Type 2 diabetes your body may still make insulin, but your cells resist its effects or you cannot make enough insulin.**

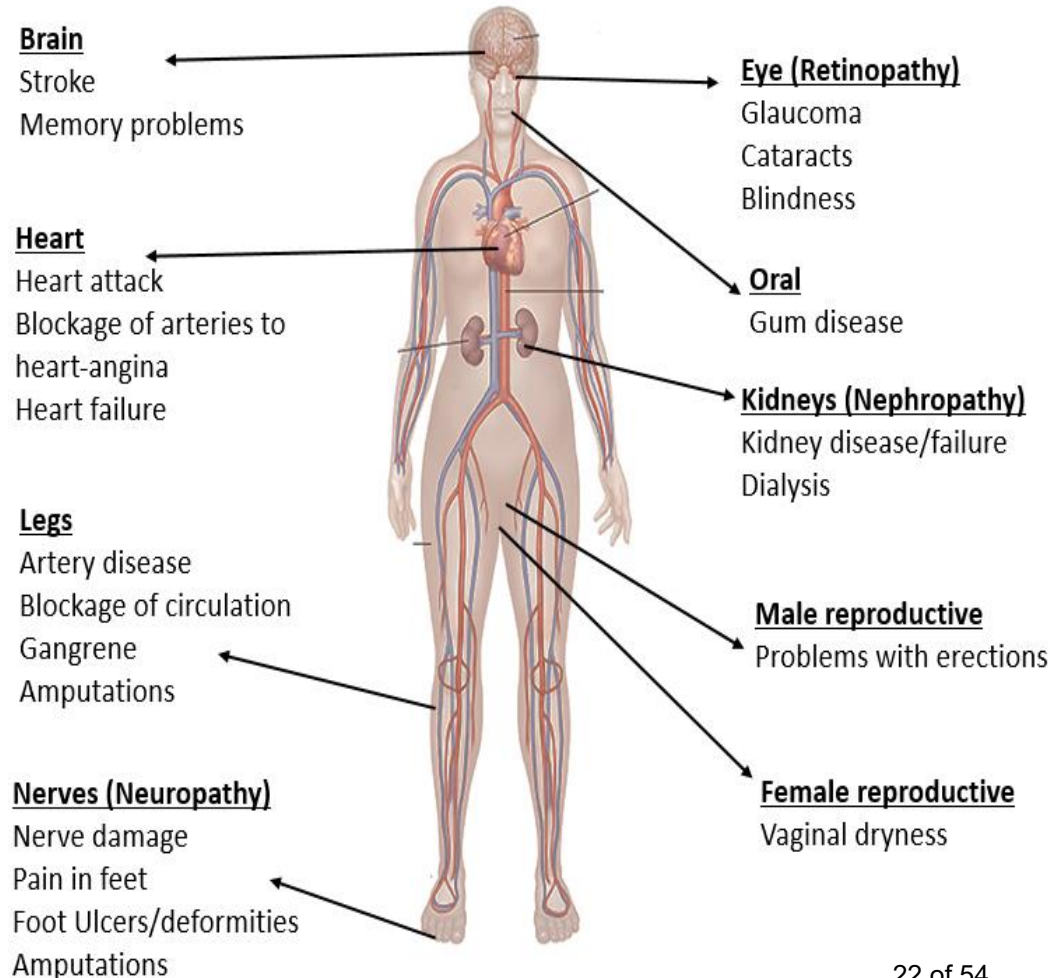
What are the Complications Associated with Diabetes?

Over time, high blood glucose damages your blood vessels, both large and small. This damage can lead to **complications** that affect the whole body. By controlling your blood glucose, blood pressure and cholesterol according to your treatment plan, you can help reduce your risk of complications.



What are the Complications Associated with Diabetes?

Over time, high blood glucose damages your blood vessels, both large and small. This damage can lead to **complications** that affect the whole body. By controlling your blood glucose, blood pressure and cholesterol according to your treatment plan, you can help reduce your risk of complications.



Utilizing our Diabetes Self Management Education Questionnaire (DSME), during the initial and Follow-up visits, we ask our patients the following question:

What are the Complications of Diabetes?

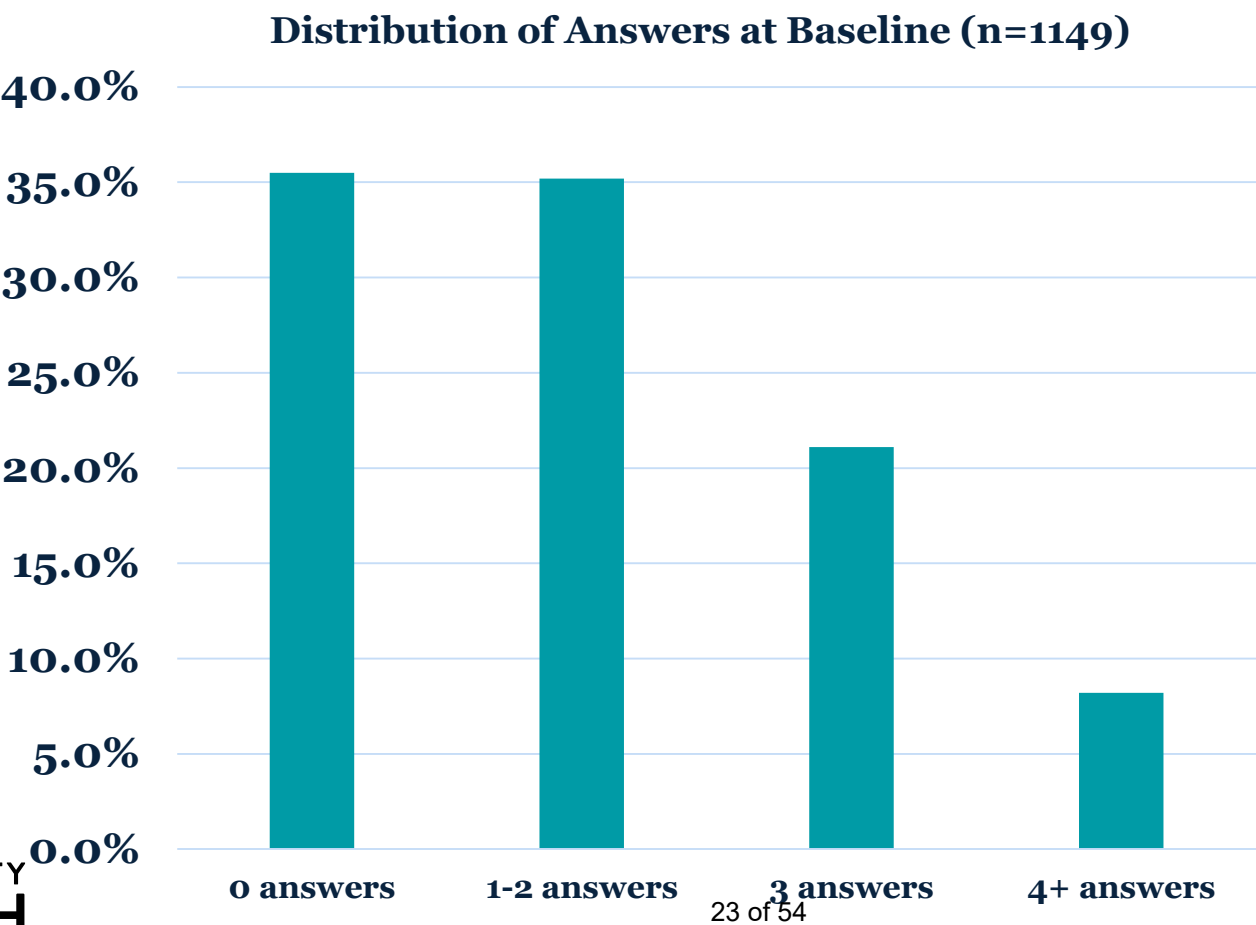
Answer Legend

- 1 = None-Does not know/Needs Full Instruction
- 2 = Lists 1-2/Needs Brief Instruction
- 3 = Lists 3/Instruct Missed Points
- 4 = Lists 4 or more/Congratulate Patient

CQI Project for 2018: Cont.

Results

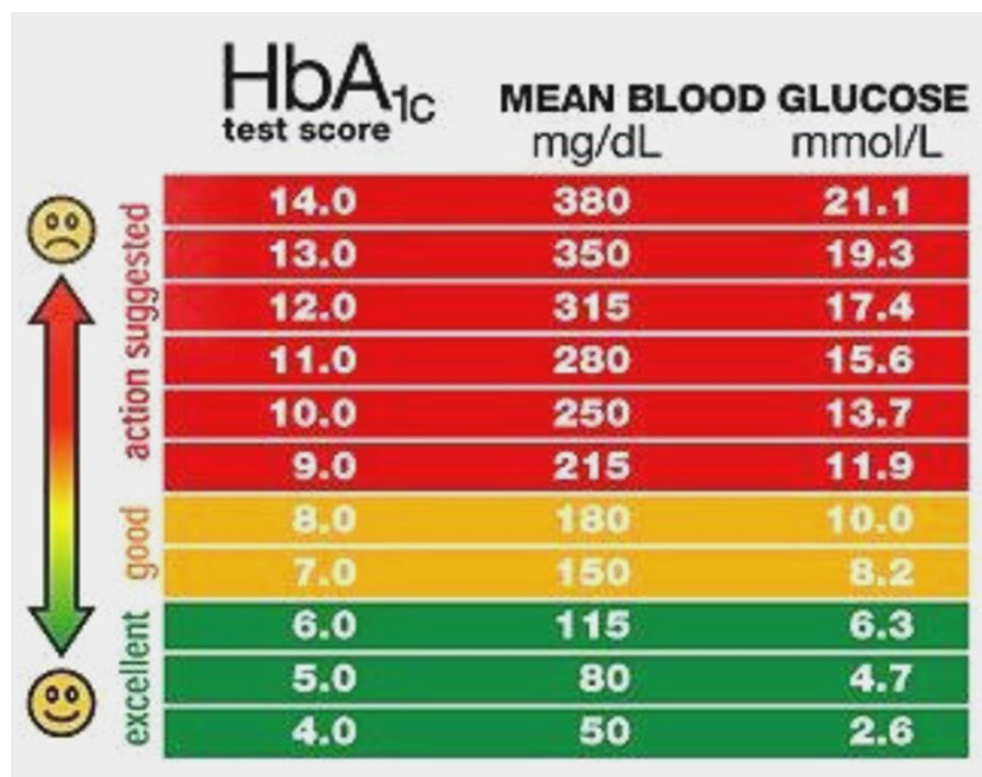
Baseline: Total Number of Patients



Number of Correct Answers	Percentage
0 answers	35.5%
1-2 answers	35.2%
3 answers	21.1%
4+ answers	8.2%

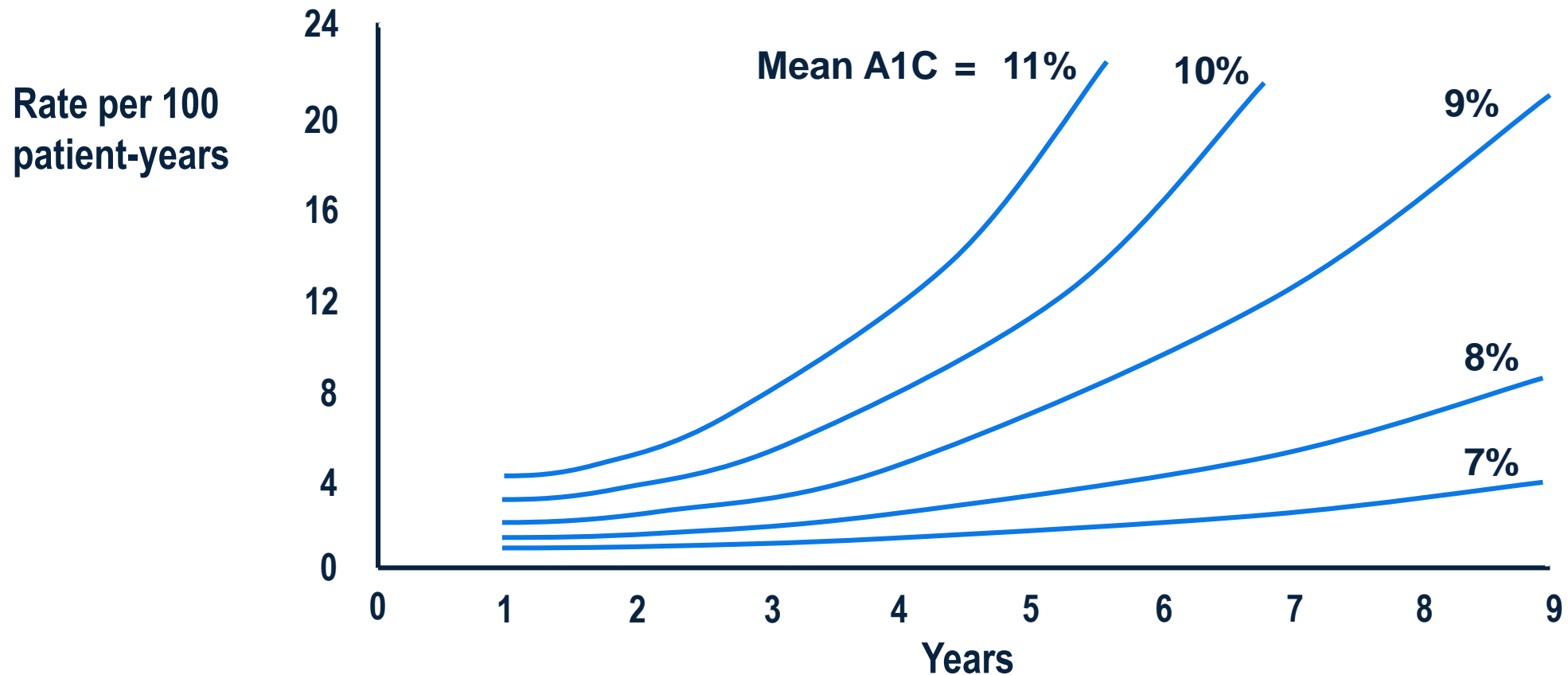
ABC's of Diabetes		TARGETS	My Values	Date Due
A	Hemoglobin A1c <i>Estimates your average blood glucose level over the past 2-3 months and helps determine how well blood sugar has been in control.</i>	Less than 7%		Every 3 months if over 7%
	Glucose (Blood Sugar) <ul style="list-style-type: none"> • Before Meals • 1-2 hours after the beginning of the meal 	80-130 FBG 100-180 PP		
B	Blood Pressure <i>The pressure of the blood against artery walls. High blood pressure can damage arteries and organs. Ask for your BP results!</i>	Less than 140/90		Every visit
C	Cholesterol	Total Cholesterol (<200)		"Lipid Panel" To be done Every Year
	LDL (low density lipoprotein) Lousy cholesterol <i>Contributes to buildup that can block blood flow through arteries ("Clogged Arteries").</i> Cholesterol Therapy lower LDL to prevent heart attacks and strokes.	<u>Cholesterol Therapy</u> <i>if > 39 y</i> LDL: Less than 100 (less than 70 if existing heart disease)	YES NO	
	HDL (high density lipoprotein) Healthy cholesterol. <i>Helpful to prevent buildup of bad cholesterol.</i>	Male: Greater than 40 Female: Greater than 50		
	Triglycerides (Blood fats) <i>Like LDL cholesterol this fat can contribute to blocked arteries.</i> <i>Combination of fat + sugar that is increased with high A1c</i>	Less than 150		Every year
Other	Eye Exam <i>To check if diabetes caused any damage to your eyes</i>	Every Year (County has capacity for every 2 years)	Last Exam Date:	
	Foot Exam (Always remove your shoes and socks) <i>check the nerves and circulation. If problems, see a foot doctor every 3 months</i>	Exams Due: Visual (each visit), comprehensive (twice a year) DAILY at HOME by YOU	Last Exam Date:	
	Albuminuria - small proteins in Urine, checks for kidney damage	<30		Every Year

ABC's of Diabetes		TARGETS	My Values	Date Due
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	Glucose (Blood Sugar) <ul style="list-style-type: none"> Before Meals 1-2 hours after the beginning of the meal 	80-130 100-180	FBG PP	



Risk of Retinopathy by Duration and A1C in Type 1 Diabetes

Results From the DCCT Conventional Therapy Group



Gain in Patients’ Knowledge of Diabetes Management Targets Is Associated With Better Glycemic Control

PADMALATHA BERIKAI, MD, MS¹
PETER M. MEYER, PHD²
RASA KAZLAUSKAITE, MD, MS^{1,3}

BARBARA SAVOY, MS, RD, CDE³
KELLY KOZIK, RD, CDE³
LEON FOGELFELD, MD^{1,3}

group” if their pretest score was >40%. We defined knowledge gainers as achievers of a posttest score of ≥80 and 100% for the low and high baseline knowledge

ABC’s of Diabetes		TARGETS	Mv Values	Date Due
A	Hemoglobin A1c <i>Estimates your average blood glucose level over the past 2-3 months and helps determine how well blood sugar has been in control.</i>	Less than 7%		Every 3 months if over 7%
	Glucose (Blood Sugar) <ul style="list-style-type: none">• Before Meals• 1-2 hours after the beginning of the meal	80-130 FBG 100-180 PP		
B	Blood Pressure <i>The pressure of the blood against artery walls. High blood pressure can damage arteries and organs. Ask for your BP results!</i>	Less than 140/90		Every visit
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	Foot Exam (Always remove your shoes and socks) <i>check the nerves and circulation. If problems, see a foot doctor every 3 months</i>	Exams Due: Visual (each visit), comprehensive (twice a year) DAILY at HOME by YOU	Last Exam Date:	
	Albuminuria - small proteins in Urine, checks for kidney damage	<30		Every Year

Table 1—Comparison of baseline and follow-up characteristics in knowledge gainers and nongainers

Characteristic	Knowledge gainers	Nongainers	P
Subjects attaining target A1C**			
Entire group	46	29	0.03
Low baseline knowledge group	45.5	20	0.02
High baseline knowledge group¶	46.9	37.5	0.20

Diabetes in CCH in 2019:

- Number of diabetic patients: ~ 30,000 to 40,000 This number fluctuates in different years
- The number of Pre-Diabetes patients is twice bigger
- Many have their medical home in ACHN
- The rest are "orphan patients" using our ED and hospitals for medications and bad complications
- At any given moment, at least one third of admitted patient are diabetic
- Many patients are well controlled but about one third of our patients are poorly controlled (A1C>9%) with bad complications.

Newly diagnosed type 2 diabetes in an ethnic minority population: clinical presentation and comparison to other populations

Michael Morkos,¹ Bettina Tahsin,¹ Louis Fogg,² Leon Fogelfeld¹

Table 2 Diabetes complications at presentation in different studies

Study location and year of publication	Chicago 2018	South London 2015	Portland 2003	P Values
Studied years	2003–2013	2012–2013	1996–1998	
Number of patients	2280	1149	7844	
Insurance status	Underinsured	NHS	Managed care	<0.001*
Age criteria	49.0±11.3	55.7±10.9	55.4±9.4	<0.001*†
Average HbA _{1c} , %	10.0±2.9	6.6±0.3	8.2±2.2	<0.001*†
Average HbA _{1c} , mmol/mol	86±32	49±3	61±29	<0.001*†
Retinopathy	10.70%	7.86%	1.40%	<0.001*†
Nephropathy	22.20%	16.68%	5.70%	<0.001*†
Neuropathy	27.70%	6.65%	N/A	<0.001†
Microvascular complications composite	50.10%	N/A	5.90%	<0.001*†
CAD	7.60%	4.81%	11.2%	<0.001*†
CVA	1.90%	3.5%	3%	<0.001*†
PVD	4.10%	N/A	1.70%	<0.001*†
Macrovascular complications composite	13.40%	N/A	13.20% 29 of 54	NS

Significance of this study

What is already known about this subject?

- ▶ Patients with newly diagnosed type 2 diabetes usually harbor the disease for a few years before being diagnosed. These patients occasionally present with complications at the time of diagnosis.

What are the new findings?

- ▶ In underinsured ethnic minority patients with newly diagnosed type 2 diabetes, there is a much higher prevalence of complications when compared with insured patients with newly diagnosed type 2 diabetes.

How might these results change the focus of research or clinical practice?

- ▶ The changing landscape of health insurance in the USA may result in less coverage especially for minority populations resulting in higher risks of complications at the time of diagnosis of diabetes.

The Network Diabetes Program (NDP): Goal 1

Managing and educating complex patients with Diabetes

- 18 years in existence
- The NDP teams: (endocrinologists, APNs, PA, Diabetes Educators, Psychologists, Pharm.D).
- ADA recognized Diabetes Center on central campus and presence in many of the outpatient clinics (Oak Forest, Prieto, Robbins, Near South, Cicero, Logon, Vista).
- Special clinics:
 - Type 1 groups visits clinic
 - Insulin pump clinics
 - Multi-disciplinary clinic for patients “failing everything” (MD,CDE, Psych,SW)
 - Diabetes classes in English and Spanish
 - The Lifestyle Centers (TLC) in main campus and in Oak Forest use a hands-on approach
 - To show and teach patients to improve eating habits, grocery, cooking, eating out, exercise. Results in weight loss that enables more effective action of insulin and better diabetes control

The Network Diabetes Program (NDP): Goal 2

Empowerment of primary care providers

- **Improve diabetes management through the system**
 - through yearly updates
 - periodic publications
 - in-servicing rotations for MDs and Nurses
 - diabetes collaboratives
 - development of management guidelines on Cerner
 - for the inpatient diabetes EMR-based protocols is fully implemented. The program is supported and supervised electronically by APN-Endocrinologists teams(DQA).

Comprehensive Diabetes Care (CDC)

Assesses adults 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- HbA1c control (<7.0%) for a selected population. *
- Eye exam (retinal) performed.
- Medical attention for nephropathy.
- BP control (<140/90 mm Hg).

*Additional exclusion criteria are required for this indicator, which will result in a different eligible population from all other indicators. This indicator is only reported for the commercial and Medicaid product lines.

A1C < 8%

nsive Diabetes Care - NCQA 2019.pdf

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HBA1C CONTROL (<8.0%)

Year	Commercial		Medicaid		Medicare	PPO	Previous Yr line HbA1c<8
	HMO	PPO	HMO	HMO			
2017	57.6	47.9	49.4	64.4	67.2		55.1%
2016	56.0	46.6	47.1	62.9	66.3		51.6%
							60.4%
							54.1%
							55.4%
							54.5%
							54.2%
							57.4%
							48.9%
							56.3%
							53.4%
							55.5%
							49.9%
							57.4%
							54.6%

2018 CCH <8.0%: 54.6%

CCH HEDIS Goal A1C < 8% 75th Percentile: 55.47%

Total ACHN



**COOK COUNTY
HEALTH**

A1C > 9% Poor Control

POOR HBA1C CONTROL (>9.0%)*						Previous Yr Baseline HbA1c > 9
Year	Commercial		Medicaid		Medicare	
	HMO	PPO	HMO	HMO	PPO	
2017	31.7	41.2	40.5	25.4	22.3	35.4%
2016	33.0	42.5	43.3	26.3	23.3	34.0%
						31.5%
						35.5%
						35.1%
						31.0%
						34.4%
						37.0%
						42.0%
						31.8%
						40.6%
						35.4%
						39.3%
						35.0%
						35.6%

2018 CCH >9.0%*: 35.6%

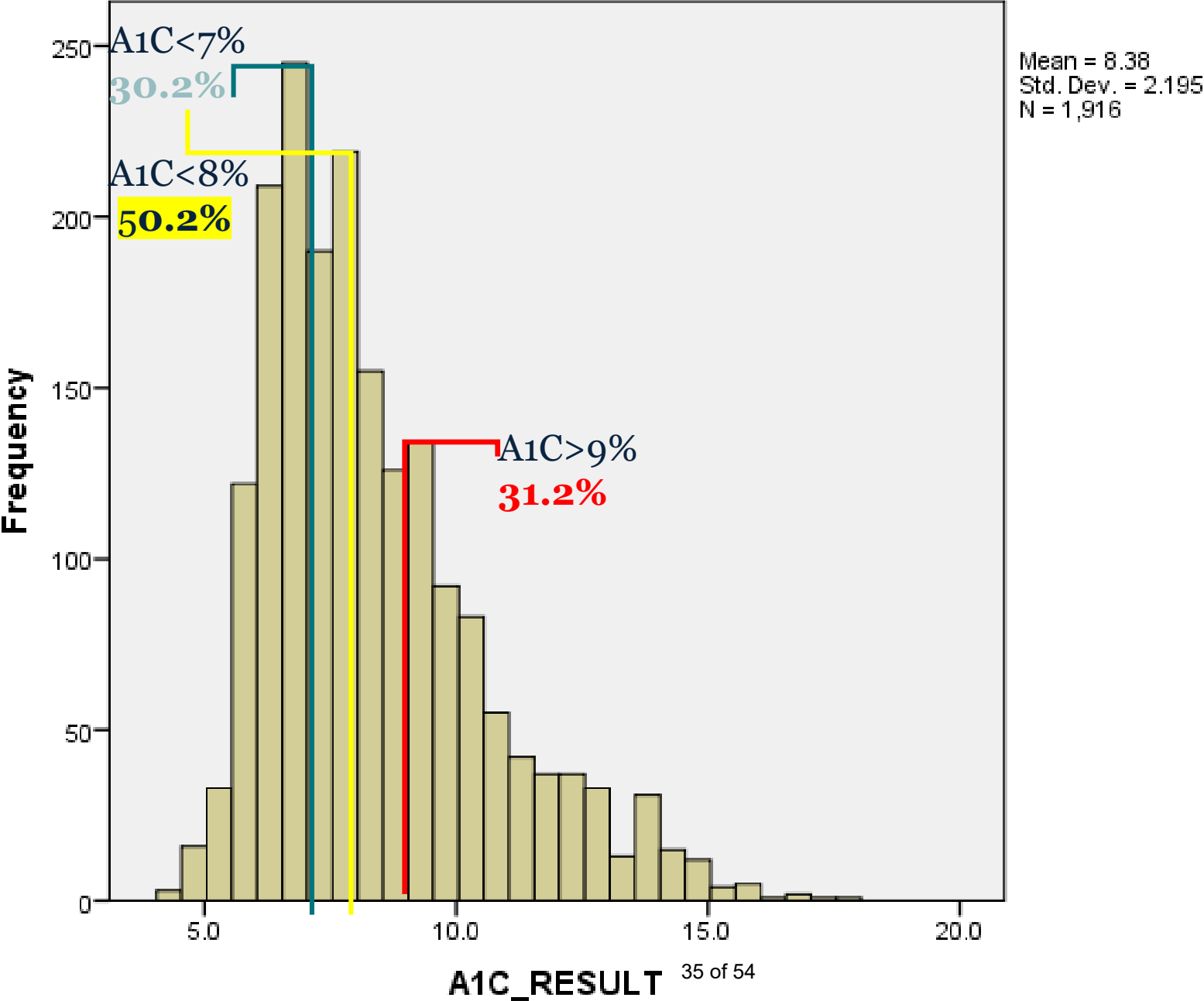
*includes those without A1c readings in past 12 months.

Total ACHN

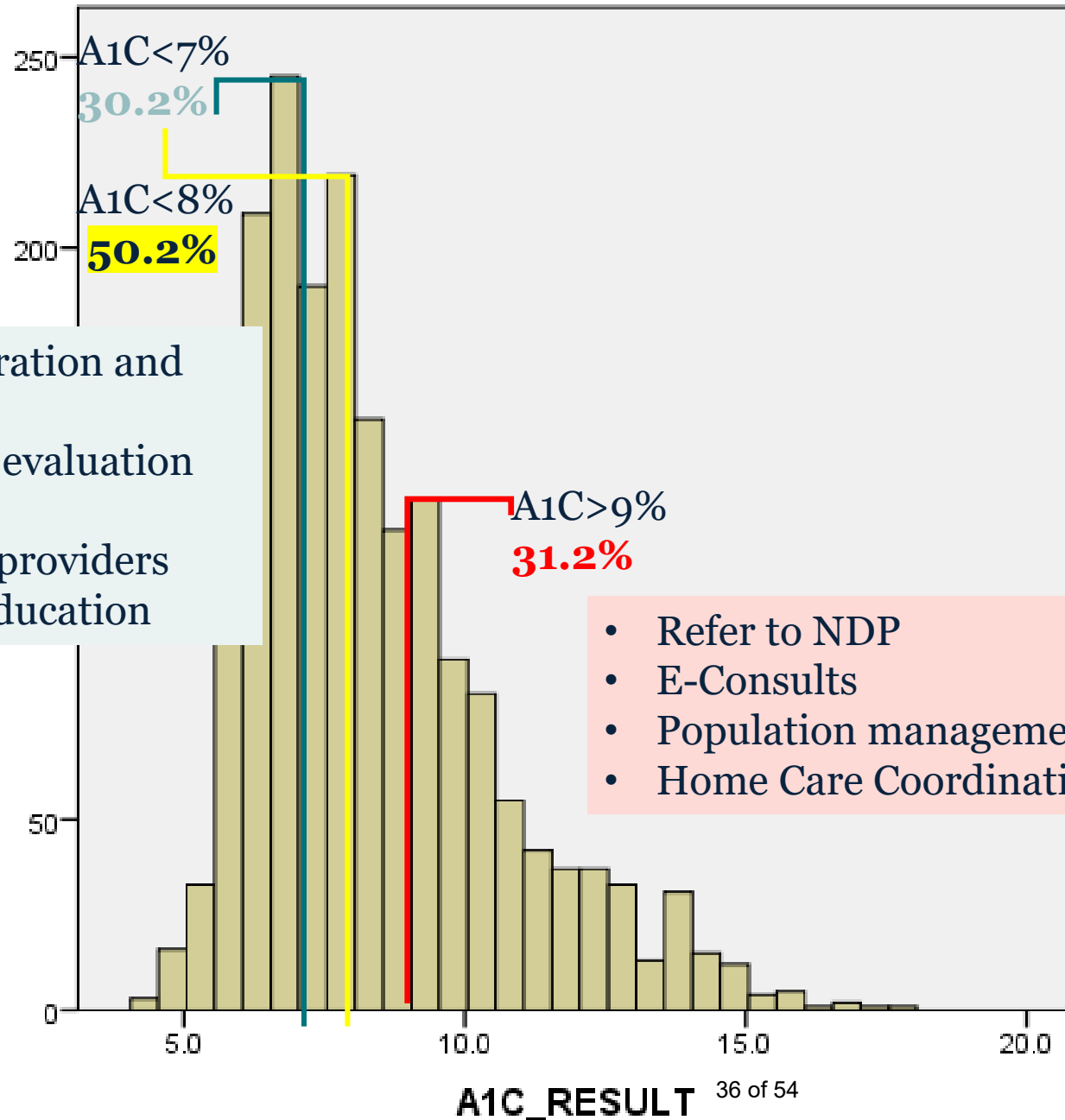
Stroger Campus

1c >9: 33.1%

Histogram



Histogram



Future Goals

- Teams preparation and motivation.
- Performance evaluation and feedback
- Patients and providers continuous education

- Refer to NDP
- E-Consults
- Population management
- Home Care Coordination

Other HEDIS Measures: April 2019

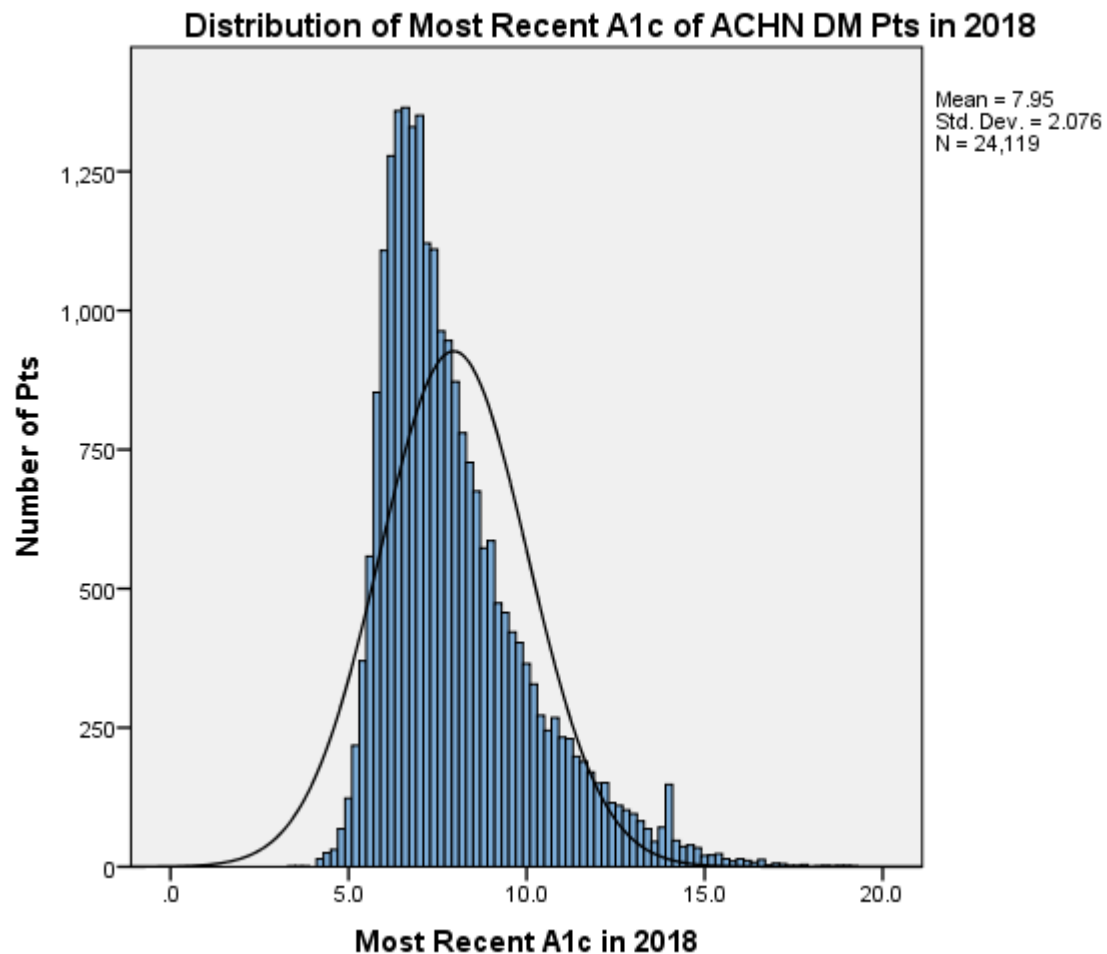
Measure	ACHN Clinics	HEDIS 75 Percentile Goal
HbA1c (A1c) screening	87.6%	90.45%
Nephropathy monitoring (ACR)	86.9%	92.05%
Eye Exams (retina)	42.0%	64.23%



Thank you.



2018 Most Recent A1c



In 2018, 27,247 pts with DM visited ACHN clinics.

24,119 did have and 3,128 didn't have A1c readings within past 12 months.

Most Recent A1c of ACHN DM Pts

1/1/18-12/31/18
(n=24,119)

Less than 7%	38.8%
Less than 8%	60.7%
Greater than 9% (without missing)	23.7%

South Suburban Cluster Patients with Diabetes

September 2016-September 2018

Glycemic Control for Total South Suburban Patients with Diabetes

	Last A1c under 9.0%	Last A1c 9.0% and over
Total, n (%)	3583 (78.6)	977 (21.4)
Oak Forest	1848 (79.4)	479 (20.6)
Robbins	1196 (77.7)	344 (22.3)
Cottage Grove	539 (77.8)	154 (22.2)

For those with an A1c 9.0% and above

	Oak Forest (n=479)	Robbins (n=344)	Cottage Grove (n=154)
A1c, mean \pm SD	10.8 \pm 1.6	10.8 \pm 1.5	10.8 \pm 1.7
Weeks since last A1c, median (IQR)	15.0 (6.0, 42.0)	18.0 (6.0, 38.0)	11.0 (4.75, 33.3)
On Insulin, n (%)	291 (60.8)	195 (56.7)	98 (63.6)
Visited DM clinic, n (%)	184 (38.3)	173 (50.4)	43 (27.9)
If visited, weeks since last DM clinic visit, median (IQR)	45.0 (13.8, 96.0)	51.0 (12.0, 85.5)	49.0 (25.0, 102.0)
Weeks since last PCP visit, median (IQR)	23.0 (9.0, 53.0)	20.0 (9.0, 45.8)	16.5 (6.0, 34.3)



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
May 24, 2019

ATTACHMENT #3

Meeting of the Cook County Health and Hospitals System

May 24, 2019

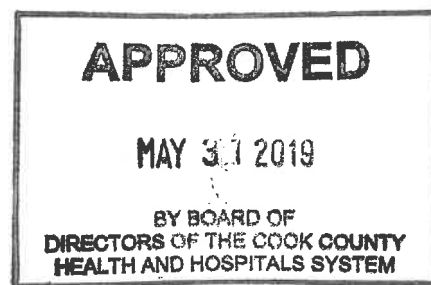
Back-Up Material for Item No. ,

Appointment of Stroger Hospital Department Chairs and Division Chairs

Respectfully requesting approval of the following:

Initial appointment of the following individuals as Division Chairs of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Wilberto Nieves-Neira, MD	Obstetrics and Gynecology 05/25/2019 – 05/24/2021	Division Chair of Gynecologic Oncology
Andrew De Funiak, MD	Correctional Health 05/25/2019 – 11/17/2019	Division Chair of Correctional Health (Clinical Operations)
Tarlan Hedayati, MD	Emergency Medicine 05/25/2019 – 11/24/2020	Chair of the Division of Emergency Medicine Education



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
May 24, 2019

ATTACHMENT #4



**COOK COUNTY
HEALTH**

Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deb Santana
Secretary to the Board
Cook County Health

Date: May 17, 2019

Dear Members of the Quality and Patient Safety Committee of
the CCH Board,

Please be advised that the Executive Medical Staff Committee
of John H. Stroger Jr., Hospital of Cook County, approved the
attached list of medical staff action items Tuesday, May 14,
2019, for your consideration. Thank you.

Respectfully Submitted,

Trevor Lewis, MD
President, Executive Medical Staff

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee**.

Medical Staff Appointments/Reappointments Effective May 24, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

Initial Physician Applications:

Name	Category	Department / Division	Appointment Term
Chen, Michael MD	Voluntary Consulting	Radiology	May 24, 2019 thru May 23, 2021
Haamid, Ameera, MD	Active	Emergency Medicine	May 24, 2019 thru May 23, 2021
Harris, Rebecca MD	Active	Correctional Health/Med Surg	May 24, 2019 thru May 23, 2021
Ivanova, Diyana V., OD	Optometrist	Surgery/Ophthalmology	May 24, 2019 thru May 23, 2021
Martin, Jonathan, DO	Active	Medicine/Infectious Disease	May 24, 2019 thru May 23, 2021
Mbadiwe, Nina MD	Voluntary	Emergency Medicine/ Pediatrics	May 24, 2019 thru May 23, 2021
Munich, Stephan A., MD	Voluntary	Surgery/Neurosurgery	May 24, 2019 thru May 23, 2021
Nieves-Niera, Wilberto MD	Active	OB/Gyn	May 24, 2019 thru May 23, 2021
Oranu, Chinedu MD	Active	Pediatrics/Critical Care	May 24, 2019 thru May 23, 2021
Patel, Milap S., DO	Voluntary	Surgery/Orthopaedic	May 24, 2019 thru May 23, 2021
Premkumar, Ashish MD	Active	Ob/Gyn	May 24, 2019 thru May 23, 2021
Rowe, Jocelyn A., MD	Voluntary	Ophthalmology	May 24, 2019 thru May 23, 2021
Tamkus, Diemante, MD	Active	Medicine/HemOnc	May 24, 2019 thru May 23, 2021
Warso, Michael A., MD	Consulting	Surgery/Surgical Oncology	May 24, 2019 thru May 23, 2021

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 24, 2019

As Amended

New Business

Reappointment Physicians Applications:

Department of Anesthesiology:

Name	Category	Division	Reappointment Term
Tyler, Serge MD	Active	Orthopedic/GU	July 9, 2019 thru July 8, 2021

Department of Correctional Health:

Name	Category	Division	Reappointment Term
Mennella, Concetta MD	Active	Med Surg	June 17, 2019 thru June 16, 2021
Richardson, Stamatia MD	Active	Med Surg	June 30, 2019 thru June 29, 2021

Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Amin, Dhara MD	Active		July 1, 2019 thru June 30, 2021
Cone, Brian MD	Consulting		July 1, 2019 thru June 30, 2021
Couture, Eileen MD	Voluntary		July 11, 2019 thru July 10, 2021
Kimball, Deborah MD	Consulting		June 12, 2019 thru June 11, 2021
Kysia, Rashid MD	Active		July 11, 2019 thru July 10, 2021
Lank, Patrick MD	Voluntary		June 23, 2019 thru June 22, 2021
Rogers, Jennifer MD	Active		July 1, 2019 thru June 30, 2021

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Baltrushes- Hughes, Nicole MD	Active		June 23, 2019 thru June 22, 2021

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 24, 2019

As Amended

Department of Medicine			
Name	Category	Division	Reappointment Term
Adeyemi, Oluwayton, MD	Active	Infectious Disease	June 19, 2019 thru June 18, 2021
Barker, David, MD	Active	Infectious Disease	June 19, 2019 thru June 18, 2021
Batra, Kumar, K. MD	Active	Hematology/Oncology	July 21, 2019 thru July 20, 2021
Davidovich, Michael, MD	Active	General Medicine	July 21, 2019 thru July 20, 2021
Fakhran, Sherene S., MD	Active	PCCM	July 28, 2019 thru July 27, 2021
Garcia, Marlon Diaz, MD	Active	Hospital Medicine	July 11, 2019 thru July 10, 2021
Guerra, Yannis, MD	Active	Endocrinology	July 28, 2019 thru July 27, 2021
Michael Hoffman, MD	Active	Hospital Medicine	August 18, 2019 thru August 17, 2021
Lubelchek, Ronald, MD	Active	Infectious Disease	July 21, 2019 thru July 20, 2021
Mishra, Satya M., MD	Active	Gastroenterology	June 12, 2019 thru June 11, 2021
Muzaffar, Shirin, MD	Active	PCCM	August 26, 2019 thru August 25, 2021
Patel, Amit I., MD	Active	Gastroenterology	July 21, 2019 thru July 20, 2021
Raghu, Padmanabhan, MD	Voluntary	Rheumatology	June 6, 2019 thru June 5, 2021
Rezai, Katayoun, MD	Active	Infectious Disease	June 30, 2019 thru June 29, 2021
Santhiraj, Yaveen K., MD	Active	Hospital Medicine	July 22, 2019 thru July 21, 2021
Shah, Sejal, MD	Active	General Medicine	May 19, 2019 thru May 18, 2021
Smith, Sean B., MD	Active	PCCM	July 21, 2019 thru July 20, 2021
Shivakumar, Vidya, MD	Active	Dermatology	July 21, 2019 thru July 20, 2021
Udechukwu, Victor, MD	Active	Hospital Medicine	June 23, 2019 thru June 22, 2021

Department of Ob/Gyn:

Name	Category	Division	Reappointment Term
O'Neill, Erica	Active	Ob/Gyn	July 9, 2019 thru July 8, 2021

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 24, 2019

As Amended

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Heydemann, Peter MD	Voluntary	Neurology	May 26, 2019 thru May 25, 2021
Jacobs, Norman MD	Active		June 30, 2019 thru June 29, 2021
Yu, Byung-Ho MD	Active	Allergy/Immunology	June 30, 2019 thru June 29, 2021

Department of Radiology:

Name	Category	Division	Reappointment Term
Atty, Corinne DO	Active	Diagnostic	June 16, 2019 thru June 15, 2021
Basu, Anupam MD	Active	Rad Oncology	June 17, 2019 thru June 16, 2021
Egiebor, Osbert MD	Active		June 16, 2019 thru June 15, 2021
Pisaneschi, Mark, MD	Active		June 18, 2019 thru June 17, 2021
Seshagirirao, Donthamsetti MD	Voluntary	Rad Oncology	June 30, 2019 thru June 29, 2021
Thakrar, Harishchandra MD	Consulting	Rad Oncology	June 17, 2019 thru June 16, 2021

Department of Surgery:

Name	Category	Division	Reappointment Term
Doscher, Matthew E., MD	Active	Plastic Surgery	July 21, 2019 thru July 20, 2021
Greenbaum, Evan S., MD	Active	Otolaryngology	August 28, 2019 thru August 27, 2021
Harrison, Jacqueline L., MD	Active	Colon/Rectal	July 21, 2019 thru July 20, 2021
Komar, Thomas M., MD	Active	General Surgery	July 21, 2019 thru July 20, 2021
Luria, Jamie S., DDS	Active	Oral & Maxillofacial	August 18, 2019 thru August 17, 2021
Sauper, Alexander J., MD	Active	Surgical Critical Care	July 21, 2019 thru July 20, 2021
Sheng, Neha, MD	Active	Vascular	July 21, 2019 thru July 20, 2021

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 24, 2019

Medical Staff Request for Additional Privileges:

Name	Department/ Division	Additional Privileges
Barron, Anastasia, MD	Radiology	Core Nuclear Medicine Therapeutic Procedures

Initial Application for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Kwong, Raymond, PA-C	Physician Assistant	Surgery/Cardiothoracic	May 24, 2019 thru May 23, 2021
Megchelsen, Rebecca PA-C	Physician Assistant	Peds/NICU	May 24, 2019 thru May 23, 2021
Simmons, Chad B., PA-C	Physician Assistant	Surgery/Neurosurgery	May 24, 2019 thru May 23, 2021

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Arackal, Alamma, CNP	Nurse Practitioner	Medicine/General Medicine	July 21, 2019 thru July 19, 2021
Eldridge, Curtis L., CCP	Perfusionist	Surgery/Cardiothoracic	August 08, 2019 thru August 07, 2021
Jeudy, Myrline, NP	Nurse Practitioner	Medicine/General Medicine	June 16, 2019 thru June 15, 2021
Patel, Himadri, CNP	Nurse Practitioner	Medicine/Rheumatology	June 23, 2019 thru June 22, 2021
Piczczatowski, Marek, CNP	Nurse Practitioner	Medicine/Infectious Disease	July 21, 2019 thru July 20, 2021
Roberts, Kathey, PA-C	Physician Assistant	Medicine/General Medicine	June 16, 2019 thru June 15, 2021
Szpur, Mary, PA-C	Physician Assistant	Medicine/Infectious Disease	June 21, 2021 thru June 20, 2021

Non-Medical Staff Request Change to Agreements:

Name	Department/ Division	Supervisor/Collab
Kaczowski, Daniel PA-C	Correctional Health/Med Surg	Gregory Haman, MD
Cohen, Claudette PA-C	Correctional Health/Med Surg	Chad Zawitz, MD

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 24, 2019

As Amended



**COOK COUNTY
HEALTH**

Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

May 10, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on May 10, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD
Provident Hospital of Cook County
Vice President, Medical Staff
Presiding Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Marlon Kirby, MD
Vice President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 5/10/2019

Medical Staff Appointments/Reappointments Effective May 24, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Application:			
Name	Category	Department / Specialty	Appointment Term
Makiewicz, Kristine U., MD	Voluntary	General Surgery	May 24, 2019 thru May 23, 2021
Martin, Jonathan, DO	Affiliate	Internal Medicine/Infectious Disease	May 24, 2019 thru May 23, 2021
Saini, Abhimanyu, MD	Affiliate	Internal Medicine/Cardiology	May 24, 2019 thru May 23, 2021

New Business

Reappointment Applications Physicians:			
Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Ezeokoli, Chukwudozie O., MD	Affiliate	Internal Medicine	July 27, 2019 thru July 26, 2021
Fakhran, Sherene S., MD	Affiliate	Internal Medicine	July 28, 2019 thru July 27, 2021
Hoffman, Michael, MD	Affiliate	Internal Medicine	August 18, 2019 thru August 17, 2021
Lubelchek, Ronald, MD	Affiliate	Internal Medicine	July 21, 2019 thru July 20, 2021

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APPROVED


BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 24, 2019

As Amended

Mishra, Satya, M., MD	Affiliate	Internal Medicine	June 12, 2019 thru June 11, 2021
Muzaffar, Shirin, MD	Affiliate	Internal Medicine	August 26, 2019 thru August 25, 2021
Patel, Amit I., MD	Affiliate	Internal Medicine	July 21, 2019 thru July 20, 2021
Rezai, Katayoun, MD	Affiliate	Internal Medicine	July 21, 2019 thru July 20, 2021
Smith, Sean B., MD	Affiliate	Internal Medicine	July 21, 2019 thru July 20, 2021
Udechukwu, Victor, MD	Affiliate	Internal Medicine	June 23, 2019 thru June 22, 2021
Department of Pediatrics:			
Name	Category	Department/Specialty	Appointment Term
Yu, Byung Ho, MD	Affiliate	Allergy/Immunology	June 30, 2019 thru June 29, 2021

Department of Radiology:			
Name	Category	Department/Specialty	Appointment Term
Basu, Anupam, MD	Affiliate	Radiology	June 17, 2019 thru June 16, 2021
Kopulos, Luke, MD	Affiliate	Radiology/Diagnostic Radiology	June 21, 2019 thru June 20, 2021
Pisaneschi, Mark, MD	Active	Radiology	June 18, 2019 thru June 17, 2021

Reapplication for Non-Physician Appointment:			
Name	Category	Department/Specialty	Appointment Term
Velayudhan, Kurjumol, NP	Nurse Practitioner	Internal Medicine	May 24, 2019 thru May 23, 2021
Wyatt, Laura, PA-C	Physician Assistant	Internal Medicine	May 24, 2019 thru May 23, 2021


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APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 24, 2019

Non- Physician Agreements Changes/Additions:

Name	Department	Supervisor/Collab	Discussion	Recommendation
Onwueme, Bundo E., PA-C	Surgery/Urology	Traci P. Beck, MD	Form reviewed and presented with no issues identified.	Recommendation for appointment made, seconded, and passed.

Medical Staff Request for Additional Privileges:

Name	Department/ Division	Additional Privileges	Recommendation
Elias Alhanoun, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Neha Bhandari, MD	Internal Medicine/ Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
William Clapp, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Sherene Fakhran, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Leonard Go, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Renaud Gueret, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Rick Lenhardt, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Patricia Macias, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Shirin Muzaffar, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Swamy Nagubadi, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Nancy Quesada, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Kathryn Radigan, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Vibhu Sharma, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Sean Smith, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.

CCHHS

APPROVED

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 24, 2019**

As Amended


Shashvat Sukhal, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.
Aiman Tulaimat, MD	Internal Medicine/Pulmonary	Privileges in Pulmonary/Critical Care.	Approved.

Medical Staff Request for New Privileges:

Department	Privileges Requested	Discussion	Recommendation
Internal Medicine	Hospital Medicine – Admit to ICU	Request discussed with no issues identified.	Approved.

Revision of Privilege Form:

Department	Privileges Requesting	Discussion	Recommendation
Radiology	Updated qualifications for Neurointerventional radiology to provide neurologists an alternate pathway for competency in this area.	Form reviewed and presented with no issues identified.	Approved.


CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 24, 2019

As Amended